

**CITY OF FLORIDA CITY**

Building and Zoning Department

404 West Palm Drive Florida City, FL 33034

305-247-8222

**MECHANICAL PERMIT APPLICATION****IF SUBSIDIARY, PROVIDE MASTER PERMIT NUMBER HERE:****Location of Improvements**

Address \_\_\_\_\_ Unit \_\_\_\_\_

Folio \_\_\_\_\_

**Contractor Information**

Cert.No. \_\_\_\_\_

Contractor Name \_\_\_\_\_

Qualifier Name \_\_\_\_\_

Qualifier SS \_\_\_\_\_ 999-99-

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Use of Property**

Current Use \_\_\_\_\_

Description of Work \_\_\_\_\_

Value of Work \_\_\_\_\_

**Type of Improvements**

- |   |   |
|---|---|
| <input type="checkbox"/> New Construction     | <input type="checkbox"/> Repair             |
| <input type="checkbox"/> Alteration Interior  | <input type="checkbox"/> Repair due to Fire |
| <input type="checkbox"/> Change of Contractor | <input type="checkbox"/> Renewal            |
| <input type="checkbox"/> _____                |   |

**Owner Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Architect/ Engineer**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Item****Qty**

Square Feet of Building	
Air Conditioning Package (Tons)	
Air Conditioning Split (Tons)	
Air Handler	
Heater Strips (KW)	
Duct Work (L.F.)	
Air Conditioning Window / Thru Wall (Tons)	
Thermostat	
Kitchen Exhaust	
Bath Exhaust	
Dryer Vent	
Commercial Hood Vent	
Refrigeration (Tons)	
Above Ground Tanks	
Underground Tanks	
Chemical Fire System	
Fire Suppression Equipment	
Amusement Devices	

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If this property is under the jurisdiction of a homeowner's association, you should review the guidelines set forth by that organization and present your plans for review and approvals by the association prior to making any improvements to the property.

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that separate permits are required for Building, Electrical, Plumbing, Signs, Pools, Mechanical, Window, Shutters and Roofing work and there may be additional permits required from other governmental agencies.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate.

WARNING TO OWNER: If your job cost exceeds \$2500.00 you must file a Notice of Commencement with the Clerk of the Courts in Miami-Dade County. Failure to do so may result in you paying twice for the improvements to your property. If you intend to obtain financing, consult your attorney or lender before recording your Notice of Commencement.

Signature of Owner or Owner's Agent

Print Name \_\_\_\_\_

Sworn to and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_ 20

Personally known ☐ Produced Identification ☐

Type of Identification Produced \_\_\_\_\_

Signature of Qualifier

Print Name \_\_\_\_\_

Sworn to and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_ 20

Personally known ☐ Produced Identification ☐

Type of Identification Produced \_\_\_\_\_